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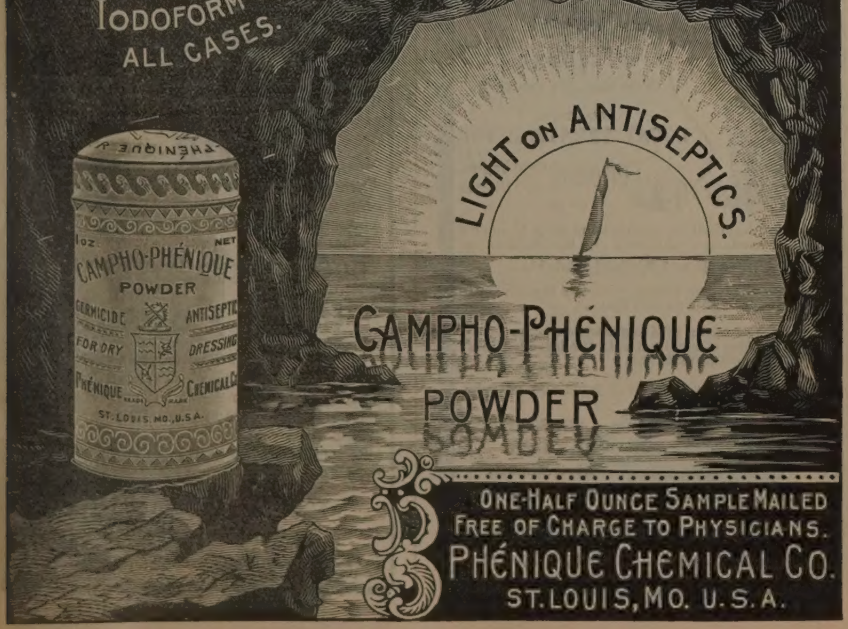

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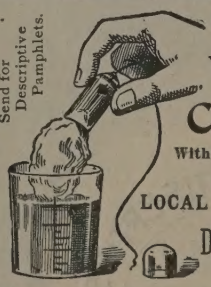

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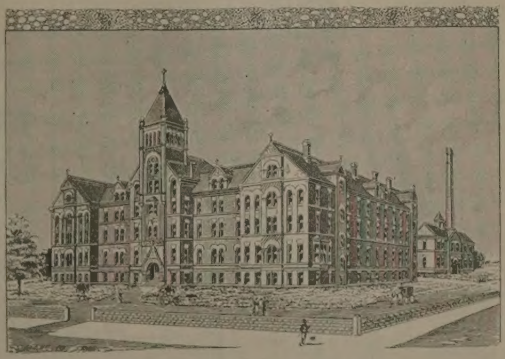

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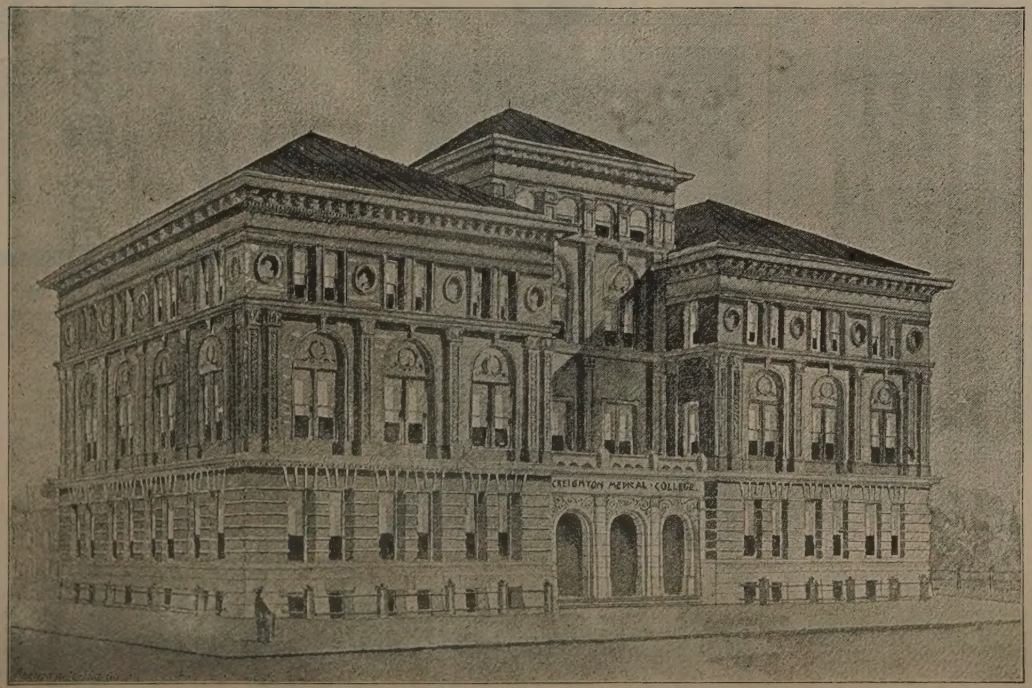

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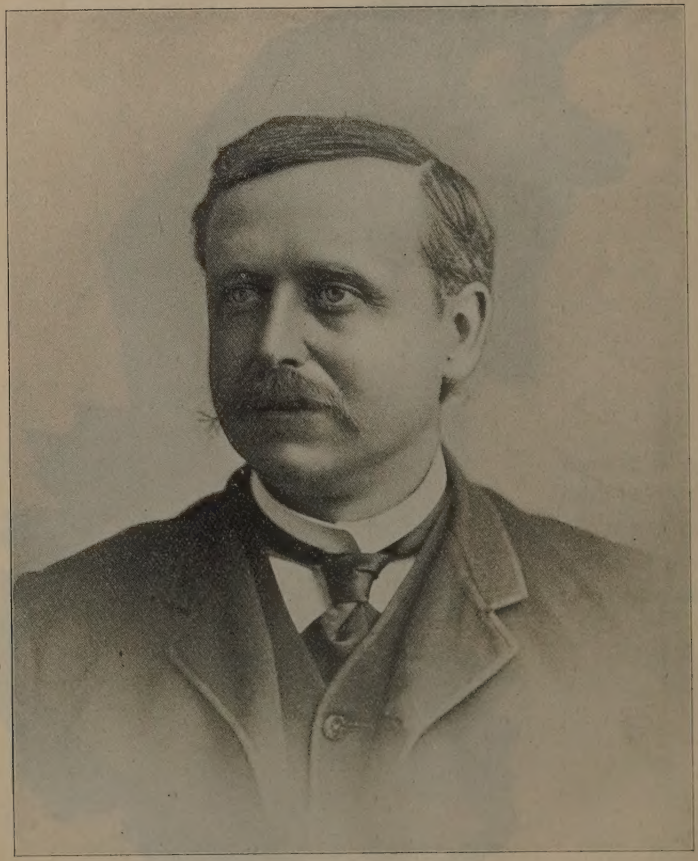

J. M. EMMERT, M. D.

IOWA MEDICAL JOURNAL.

VOL. III. NOVEMBER, 1897. No. 11.

GYNÆCOLOGY, OBSTETRICS AND PÆDIATRICS.

UNDER THE CHARGE OF
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CONCEALED HEMORRHAGE.

By Palmer Findley, M. D., Chicago, Illinois.

Professor of Pathology and Bacteriology West Side Post Graduate Medical School and Polyclinic; Instructor of Gynæcology Northwestern University Medical School.

THE FREQUENT occurrence and extreme gravity of concealed hemorrhage in the gravid uterus is my incentive for adding to the few reported cases. Dr. Galabin reported 23,519 deliveries in the Guys Hospital in which there were thirty-one cases of accidental hemorrhage, and of this number in only one was the hemorrhage concealed. Goodell collected the records of one hundred and six cases of concealed hemorrhage, of which the fœtal mortality was 94 per cent and the maternal mortality 51 per cent. From these statistics we are impressed with the relative infrequency of these cases and the grave prognosis both of the mother and child.

A placenta partially or completely detached from the placental site causes hemorrhage, which may be either concealed within the uterine cavity or open and external. It is not always possible to determine the cause of the hemorrhage. The accident may occur in the various pathological lesions of the placenta and uterine wall. We find it occurring in those conditions which cause over distention of the uterine wall; this includes multiple pregnancy and

hydramnios. Calcareous degeneration, fatty degeneration and gangrene may be named as predisposing factors. Emotional shock from fright or sorrow may bring about sudden, forceful uterine contractions with partial separation of the placenta. This is illustrated in the case of Martin. A woman walking along the street saw a man thrown from a wagon. Mental shock was followed in a half hour by a flow of blood from the uterus and in thirty-six hours a dead child was delivered, together with an enormous quantity of clotted blood. Where the cord is short or is wrapped around the neck or body of the child so much traction upon the placenta may be caused by the fœtal movement as to forcibly detach part or all of the placenta. Such, indeed, is a frequent cause of hemorrhage occurring during the passage of the fœtus through the parturient canal. Infarction of the placenta is believed to be often responsible for accidental hemorrhage, but from the fact that they occur so often, while accidental hemorrhage is relatively infrequent, rather speaks against it as a causative factor. Haberlein reported a case of Graves' disease in which concealed hemorrhage occurred. The theory is advanced that uterine contractions were excited through the vaso-motor disturbances. A large placenta, and especially where secondary placentæ exist, is particularly liable to become detached.

The possibility of an hereditary tendency to bleed should always be borne in mind. As an illustration, the writer recalls a case of recent date. Mrs. B., in the third month of gestation, was shopping when she became faint. She hurried to the home of a friend, where within an hour she began to flow profusely. During the flow uterine contractions were present. One hour and a half after her first faint I reached her bedside and found her lying in a pool of blood. The skin was deathly pale and velvety; the pulse very rapid and scarcely perceptible; the respirations were rapid and superficial. A hypodermic injection of strychnine was at once given. No hot water was at hand and in its stead the vagina was packed with sterilized gauze for the purpose of stopping the hemorrhage. The patient appeared as one dead, but upon the subcutaneous injection of a litre of normal salt solution the pulse was again perceptible and consciousness soon returned. As the patient afterward expressed it, she felt as though she were

sinking before the injection were given, but very soon afterward she felt as though something were lifting her up. The injection was given through a small incision in the skin above the mammary gland. A fountain syringe containing a litre of normal salt solution was twice emptied, there being an interval of four hours between the injections. When the subcutaneous areolar tissue became distended by the saline solution to its full capacity, firm compression by the hand was made over the transfused area in order to hasten absorption. This process was repeated two or three times before the entire litre of solution was absorbed. The pulse responded promptly and full consciousness returned in an incredibly short time. During the following two days the pulse improved in force and volume, pallor was gradually replaced by a more healthy glow, and strength was rapidly regained. At the end of two days the temperature was 102° Fahr., and a slight bloody discharge came from the uterus. The cavity of the uterus was explored and some placental remnants removed by the curette. Then followed rapid recovery. This was the seventh time in which Mrs. B. narrowly escaped death from hemorrhage; three times from full parturition, three times from abortion, and once as the result of tonsillotomy. Her mother and aunt died from hemorrhage, and her only sister is a bleeder.

Direct or indirect injury is the usual exciting cause of concealed hemorrhage. The following brief report of a case will serve as an illustration:

Mrs. E. W., married, age 30, German, was admitted to Cook County Hospital, October 27, 1894. She had given birth to two children and was in the sixth month of gestation on the date of admission to the hospital. Two weeks previous to the time of her removal to the hospital she lifted a heavy load and in consequence felt a severe pain in the left side of the abdomen, she became dizzy, pale and faint. In a few hours she had a chill, followed by a rapid rise of temperature, which continued to the date of her admission to the hospital, when it had reached 104.8° Fahr., with the pulse rapid and feeble. Uterine pains were not strong, but had continued from the time of the injury to the date of examination in the hospital. The gravid uterus extended to the umbilicus, was soft, and broader than usual. A slight bloody

discharge continued to come from the uterine cavity. The cervix was soft, partly effaced, and the os dilated two or three centimeters. Chloroform was given, the cervix rapidly dilated with the fingers, and the amniotic sac ruptured. I introduced my hand into the uterine cavity and extracted a living fœtus. Again introducing my hand for the purpose of delivering the placenta, I was surprised to find a second living fœtus. This I extracted. Immediately following two separate placentæ were delivered. With the delivery of the placentæ, which had been partly detached, there was expelled no less than two quarts of clotted blood. Two hours after the uterine douch, which was given immediately after the cavity of the uterus was emptied, the patient had a chill; the temperature dropped to normal and remained so. Convalescence was complete and rapid. Stimulants were given, but at no time was the pulse so weak as to demand transfusion.

For the purpose of emphasizing the great importance of transfusion of a normal salt solution as a means of resusciation in cases of concealed hemorrhage, I will quote the report of two cases of concealed hemorrhage where infusion was employed:

Case I.—Resuscitation from Impending Death, Due to Concealed Hemorrhage, by the Infusion of a Litre of Normal Salt Solution Centrally Into the Radial Artery. By Howard Kelly. The American Journal of Obstetrics, Vol. XXX., No. 2, 1894.

"On the 19th of October, 1893, I was summoned in haste at 9 P. M. to a patient's bedside and found her with a quickened pulse and feeble pains of short duration recurring at irregular intervals. Uterine contractions were distinct during the pains. The pain was not severe, and was felt in the lower part of the stomach and back. The patient had passed two large clots of blood before my arrival.

"Upon examining the abdomen I found the child in the first position, but *no fœtal pulse could be distinguished.* There seemed to be no unusual tenseness or bogginess about the uterus, which was, however, rather large. The examination through the inferior strait showed that the vagina was completely filled with large clots of blood, and that the cervix was high up and far back, dilated two and a half centimeters; its canal was still two centimeters long, with rigid walls. The head could not be felt

through the cervix. In the place of the head was a mass of clots filling the lower part of the uterus. No placental tissue could be recognized among the clots. She did not present by the gaslight a markedly anæmic appearance. Repeated examinations, both by auscultation and palpation, failed to give evidence of fœtal life. A strong placental bruit was heard high up over the left uterine cornu. The vagina was full of blood, and I noticed no difference in the discharge of blood during and between the pains.

"Believing the case to be a lateral implantation of the placenta, I proceeded to turn and bring down the feet, assisted by Dr. J. G. Clark, gynæcological resident at the Johns Hopkins Hospital, who administered chloroform. The patient was brought across the bed, with buttocks and hips resting upon my obstetric cushion, which served to catch all the discharges throughout. I was gradually able to work my hand into the narrow vaginal orifice and introduce two fingers into the cervix, with the intention of turning by combined external and internal manipulation, when I thought I ruptured the membranes. Upon pushing up the head, which was now felt above the cervix, a large gush of fluid followed; this was several times repeated, discharging so great a quantity that I remarked to Dr. Clark that we were dealing with a case of hydramnios. In all a litre and a half (three pints) was discharged, including the clots in the vagina. Upon inspection the whole of this discharged fluid proved to be black fluid blood mixed with coagula. No watery fluid whatever could be found. On sweeping the finger around within the os no placenta was touched. The true nature of the case was then evident—it was a concealed hemorrhage starting high up in the uterus, due to a premature spontaneous detachment of the placenta.

"I at once introduced the hand into the now dilated cervix, and, pushing through the membranes, effected the escape of a small amount of amniotic fluid and brought down the right leg. We now suspended the chloroform, in hopes that the uterine contractions would follow and check the hemorrhage, and the rest of the birth take place spontaneously. There were, however, no efficient regular pains, and it was necessary to bring down the body gradually and release the arms. At this stage the uterus became markedly distended with coagula; the patient cried constantly

with pains which seemed to have no expulsive action whatever; the pulse was also becoming rapid, running up to 132. Introducing the hand into the vagina over the abdominal surface of the child, which, now presented with the face posteriorly to the right, the chin was well drawn down upon the chest, and by steady traction the head finally expelled with a moderate rupture at the vaginal outlet on the left side. The pulse after the delivery was 132, and she was complaining constantly and bitterly of severe pain. After keeping up the contraction of the uterus by pressure above, and finding that there was no tendency to expel the placenta, I introduced two fingers within the uterus and caught the placenta at the implantation of the cord in the upper segment of the uterus, attached upon the left side. It was tightly adherent and broke in several pieces in the delivery. The mass removed was large enough to be the whole placenta, and placental tissue was not felt in the uterus. The patient was now put back in bed, and the obstetric pad with its burden of blood, still-birth and amniotic fluids, etc., was carried out of the room.

"She continued to cry out the whole night, profoundly shocked and only half-conscious. There was no hemorrhage and but a slight flow of blood, but each contraction of the uterus caused severe pain. She complained through the night of intense thirst — so great that when given water would hold the glass up and look at it as it grew less and stroke the glass affectionately. She suffered from extreme dyspnœa, taking long, sighing inspirations in the effort to secure a deep breath; I counted sixty to seventy efforts per minute." * * * A litre of normal salt solution was injected into the radial artery. "Hypodermics of strychnia (one-fortieth of a grain) were given hourly at first and discontinued on the second day. A severe vertical headache on the second day was relieved by small doses of phenacetin. She urinated eleven times on the second day and on catheterizing I found twenty-two ounces of urine in the bladder. The pulse three hours after the transfusion was 172, then it dropped to 140, and on the following day to 126, and on the third day to 116. On the eleventh day the pulse was 96. The temperature ranged from 99° to a little over 101°. Associated with this she had occasional severe

headaches. She complained of severe pain, lasting several days, in the thumb on the side of transfusion. The bandage was taken off from the arm on the tenth day and the sutures removed. There was primary union throughout, leaving a linear scar three and a half centimeters. On the sixteenth day she sat up for an hour. On the fifteenth day the urine was acid and became decidedly milky upon boiling a filtered specimen, showing a marked decrease in the amount of albumen present. On the twenty-third day she developed a phlebitis in the right leg, from which she speedily recovered, and is now in perfect health."

Case 2.— Accidental Hemorrhage; Transfusion; Recovery. By G. G. Stopford Taylor. The Lancet, August 2, 1879, p. 159.

"On Thursday, the 13th of June, 1878, at 2:30 P. M., I was called to see Mrs. G., who was supposed to be sinking during a protracted labor. On arriving I found her almost bloodless; pulse nearly imperceptible; extremities cold; bedding, mattresses, and floor saturated with blood. Stimulants were given at once. On examining per vaginam the os was found to be about the size of half a crown; membranes protruding, and blood trickling from the uterus. On rupturing the membranes a great quantity of liquor amnii escaped. A binder was tightly applied, and I directed my efforts to rallying the patient. As uterine action had ceased for some time and the fœtus was most likely dead, no efforts were made to deliver. On making inquiries I found that she was in her ninth month, and had been washing the day before. Hearing a noise in the street, she became alarmed about the safety of her child, who was playing outside the house, and who she feared might be run over. She felt a gush of blood per vaginam and then fainted. She was removed to bed and an old woman who was practicing as a midwife in the neighborhood was called about 7 P. M., who remained all night and endeavored to conceal from the friends that the patient was bleeding. She left her about 11 A. M., assuring her that all was right and that she need not alarm herself. Mrs. G. getting worse, I was sent for and found her as described.

"Recognizing the fact that transfusion was the only means of saving her, I left my assistant in charge of the patient and applied to Mr. D. Harrison, resident medical officer of the Royal Infirmary,

who kindly at once came to my assistance with Roussel's apparatus. Dr. J. W. Callon, who was passing, also came in and joined us in consultation, and we agreed that transfusion should be performed without further delay. The patient's sister, a strongly-built young Irishwoman, volunteered the blood. About ten ounces were injected. Some considerable difficulty was experienced in finding a vein at the bend of the elbow of the recipient, owing to an abnormality. There was no distress evinced by the patient. The apparatus worked splendidly. I cannot say that the patient seemed to improve as we had hoped she would after the transfusion. Previous operators have experienced great satisfaction at the result of their labors; unfortunately it was not so in our case. We left at 4:30, conscious of having done our duty, but entertaining no hopes of her recovery. Directions were given to administer as much nourishment as could be taken, which was very little. At 8 P. M. she was wandering, vomiting, and apparently sinking. As a last resort I bandaged her legs and arms from the extremities to the body.

"June 14th, at 5 A. M., I was called by the husband, who said his 'wife was much better after bandaging, that the sickness had continued all night, and that she had pains in her belly.'" I went at once to her, and found labor progressing very slowly; the os dilated, head presenting; skin warm, pulse 140. She complained of intense headache. About 9 A. M., the head having descended on to the perineum and the patient getting exhausted, I applied the forceps and delivered; my assistant, Mr. Swindells, keeping up pressure on the uterus externally. The placenta was immediately expelled, and after it came a large organized clot about twice the size. No hemorrhage; discharge only faintly colored serum; uterus firmly contracted; patient nearly died; administered stimulants as before; child was dead, of course; patient continued in a prostrate condition all day; pulse, 160; vomiting frequent; injection of brandy one ounce, beef tea four ounces, retained; passed urine, about six ounces; ice, milk, and soda *ad libitum*.

"15th, 9 A. M.: Vomiting ceased; arm slightly swollen over incised vein and painful; poultice ordered; bowels relieved with a castor oil and gruel injection; Valentine's meat juice supplied.

2 P. M.: Has taken two quarts of milk; stopped stimulants, as they made her head ache; pulse, 140; temperature, 100°.

"16th: Patient about the same; pulse, 142; temperature, 101°.

"17th: Improving; incision beginning to suppurate; pulse, 141. temperature, 101°; bowels moved twice.

"19th: Not so well; complaints of pain in abdomen, owing to drinking large quantity of iced water; tincture of opium, half a drachm, stopped the pains; heart thumping violently, so much so that patient could not sleep; resolved to try tincture of digitalis, ten minims every four hours.

"20th: I found on my visit at 8 A. M. that she had taken two drachms of digitalis in twelve hours, and on my inquiring why she had not taken her medicine according to directions, she said her heart beat so violently during the night that she could not sleep, and the mixture quieted it; dozed for a few minutes at a time; she expressed herself as better; pulse, 140; swelling nearly all gone in arm; wound looking well but pale; passes a great quantity of water; to have fifteen minims of tincture of digitalis every second hour; temperature, 102°.

"22d: Pulse, 132; temperature, 100°; rather better; has taken some fish and a glass of beer; bowels moved naturally; to have half a drachm of the tincture of opium at bedtime to procure more sleep.

"23d: Slept six hours; feels much better; palpitation and pulsation in neck much less; has taken two glasses of port wine; headache gone.

"24th: Passed good night; pulse, 120; temperature, 100.2°.

"26th: Pulse, 110; temperature, 101°; digitalis suspended.

"27th: Pulse, 120; temperature, 102°; complains of palpitation again; ten minims of digitalis (tincture) every four hours recommenced.

"July 1st: Pulse, 100; temperature, 101°; tincture of digitalis suspended.

"8th: Had a rigor which lasted a quarter of an hour; pulse, 120; temperature, 103°; to have cinchona mixed with ten minims of tincture of iron every four hours.

"12th: Better; pulse, 104; temperature, 99.2°.

"14th: Had another rigor, which lasted about ten minutes; pulse, 120; temperature, 101.6°; induration taken place about the incision; poultices ordered.

"15th: Matter forming, which came through the wound on the 16th day.

"From this date the patient made an uninterrupted recovery, and was sent to the New Brighton Convalescent Home for three weeks."

CONCLUSIONS.

1. In concealed hemorrhage the life of the child cannot be saved in more than 6 per cent of cases, and the life of half the mothers is sacrificed.

2. Concealed hemorrhage is commonly due to premature detachment of the placenta from direct or indirect injury.

3. The possibility of an hereditary tendency to bleed must always be borne in mind.

4. In every case of concealed hemorrhage where the life of the mother or fœtus is seriously influenced, the uterus should be emptied without delay.

5. Where death is impending from loss of blood, the patient may often be resuscitated by subcutaneous injection of a litre of normal salt solution.

6. It is not necessary that the injection be given directly in the blood vessels. Simple subcutaneous injection, where there is an abundance of areolar tissue, will give the desired effect almost as promptly, and with less time and skill expended in the operation. Infusion must be reinforced by the hypodermic injection of strychnia and other stimulants.

NEUROLOGY AND MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF
MAX E. WITTE, M. D.,
First Assistant Physician Hospital for the Insane, Mt. Pleasant, Iowa.

THE EARLY STAGE OF GENERAL PARESIS.

By F. T. Stevens, M. D., Mt. Pleasant, Iowa.

IN THE consideration of a subject like this, of which so much has been written and so well, there is little hopes of adding new ideas or facts to the knowledge of general paralysis. But, if a more general study of this disease can be stimulated and thus some afflicted soul saved underserved punishment, this effort has not been in vain.

General paralysis begins so insidiously that a man may be seriously affected; his property lost in buiness schemes lacking good judgment, or his character and reputation impaired without sufficient cause before the unwilling friends admit the fact of any derangement; or before the medical attendant suspects how serious a matter he has to deal with.

H. Tuke has mentioned several cases of individuals arrested and punished for theft and other crimes. These persons on examination by experts presented marked evidence of general paresis; and the diagnosis was borne out by the progress of the cases. Other instances might be cited to show needless loss of property.

Mental diseases are too commonly avoided by the general practitioner. He anticipates little contact with such troubles and consequently neglects them to a greater or less extent. By devoting a proportionate amount of time to the study of these diseases he might save the friends of many a patient much anxiety, trouble and expense, while his own reputation would be far from impaired.

On account of the progressive character of the disease, most writers divide the course of general paralysis into stages. They differ somewhat in the number and the limitations of these stages, but the division given by Dercum seems most suitable for our purpose. This is an initial period and three stages of the established disease. These stages of the disease are of course artificial. There are no distinct and well drawn lines between

them. One may gradually melt away into the next, or the symptoms of one may be found in another. Or, again, an earlier may be cut short by the encroaching symptoms of a later stage. That the disease varies in this way, as well as in mode of onset as regards mental or physical symptoms is easily understood when the pathology of the disease is considered. It is not the purpose of this article to discuss the pathology, but refer the reader to any of the standard works on the subject.

Before proceeding to the description of the initial stage of general paresis, it will be necessary to notice briefly two or three important points in the etiology. These points should receive due weight in the diagnosis.

First. It is well known that general paresis is a disease of the active period of life when man is bearing the burdens, responsibilities and cares allotted to him. Paresis is most frequently met between the ages of 30 and 55, and the larger number of these between 35 and 40. Very few cases are reported before the age of 25. In forty-eight cases which have come under the writer's notice during the past five years, forty-seven occurred before 55 years; only one before 30, and twenty-four between 35 and 45 years.

Second. General paresis is much more frequent among men than women. The proportion is variously given from 9 to 1 to 3 to 1, depending upon the class and locality. The proportion is greater among the higher class of women, while among the lower the difference is not so marked. In rural populations the total number of cases is less and there is a noticeable decrease in the relative proportion (Dercum). In the above forty-eight cases fourteen were women, or about one to two and a half men — rather more evenly divided than usual.

Third. Ninety per cent— Kraft-Ebbing says 95 per cent—of the cases of general paresis show a syphilitic history. Some writers give a much smaller proportion. Were the truth known, probably a still higher proportion would be found. The syphilis has usually occurred some years earlier in the life of the patient. Among our cases, only ten, or nearly 30 per cent, gave a history of syphilis. This small per cent is due in a large measure to the fact that when seen by us the patient is too confused to give any reliable history and his friends are inaccessible.

It is in the initial period that the general practitioner meets the patient and then, if at all, by complete change and rest, or other remedies, he may succeed in arresting the advance of the disease and thus avert the impending dementia and death. When, therefore, there is brought to the notice of the physician, a man of 32 to 45 years actively engaged in business, a man who has begun to show signs of a change, and especially a loss, in his intellectual, moral, and physical faculties, the suspicions must be aroused. The change may be very slight and hardly to be noticed at first. Only here and there a fact can be picked up. The man becomes irritable, forgetful, absent minded. There may be headache or other pains. He looks bad and the face is often expressionless. There is often a general loss of tone. All work is somewhat distasteful and cannot be taken up without an unusual effort. There is also a change in his manner and he is more emotional. The pursuits which formerly interested him now have little thought and influence. He shows indifference to his family and friends, neglects his business. This inattention to his affairs may lead to bankruptcy or impeachment of his financial integrity. At the same time may appear loss of moral sense, with a tendency to excesses of all kinds. Overt acts may appear, such as theft, or abnormal and excessive sexual indulgence may be the first indication of any change. There may be dullness and lethargy, but more often restlessness and excitability. Insomnia is often present. His egotism becomes marked and there is an extravagant idea of his own importance, and a constant feeling of power and well-being. Not only may there be a tendency to buy and order needlessly and foolishly, but his extravagance concerns more than money matters. He boasts of his ability, his influence, and his strength, prides himself upon his unusual good health, his great wealth, or his beauty and power.

Together with these psychical symptoms, or immediately following them, indications of motor disturbances commonly appear. In rather exceptional cases the motor symptoms are those first noticed. These may arise in a peripheral nerve or in the cord, and are then called the ascending form. The motor symptoms are generally, however, those of the more delicate movements — a slight tremor of tongue or lips, with a little hesitancy and thick-

ness of speech, very hard to describe, yet most characteristic when once heard. The handwriting shows tremor and jerkiness, and letters, syllables and words are omitted. The pupils are frequently unequal or contracted ; the gait becomes uncertain and straddling ; the knee jerks are usually exaggerated, though they may be diminished and even lost. Sometimes attacks resembling apoplexy or epilepsy may occur in this stage, and may even be the first sign noticed. The occurrence of such should lead to a close inquiry into the history of the case. The apoplectiform seizures are most apt to occur at this time, and the epileptiform at a later stage. After such seizures the disease becomes much worse, as a rule. Increased restlessness, sleeplessness and excitement are the premonitory symptoms, followed in the apoplectiform attacks by loss of consciousness and a more or less temporary hemiplegia. These attacks may usher in the first stage of the established disease, though frequently no distinction can be made. All these symptoms are not always present, but any of them with a constant loss of physical and mental power is conclusive evidence. According to Dercum the initial period may last from one to three years, in a few cases as short as three weeks. It is often irregular and remissions may occur.

When the disease is fully established, the symptoms above mentioned gradually develop toward greater dementia, or active maniacal excitement, with actual expansive ideas, delusions of grandeur, great boastfulness, etc. At this point there is no doubt of the case, and the patient is sent to a hospital for the insane.

In conclusion, the attention must be called to the resemblance of the early signs to neurasthenia, from which general paralysis can be distinguished by the fact, that in the latter disease there is always a loss and a progessive loss of mental and physical power, together with a usual tendency to exalted feelings.

General paralysis must also be differentiated from cerebral syphilis. Here the chief difference lies in the more general character of the symptoms of paresis, while in syphilis there are more local signs of disease, as ptosis, facial palsy, etc. These signs are apt to occur suddenly, and, too, the course of the disease is more irregular. A history of infection a long time previous is in favor of general paresis. A careful study of these and other symptoms will, as a rule, though not always, be sufficient to decide the matter.

SURGERY.

UNDER THE CHARGE OF
J. E. SUMMERS, M. D., *Omaha, Neb.*
Professor Surgery Omaha Medical College.

THE PHYSICIAN AND SURGEON—MUTUAL CONCESSIONS IN THE TREATMENT OF APPENDICITIS.

By John E. Summers, Jr., M. D.
Professor of Principles and Practice of Surgery, Omaha Medical College.

AS THE result of the wonderful achievements in modern abdominal surgery, a few surgeons promulgated the teaching that "the indication for operation in appendicitis is the diagnosis." They urged the rule because an early operation is almost free from danger, and because no one is wise enough to positively predict the nature of an attack from its beginning, whether this be severe or apparently mild. This rather startling advice bewildered the profession at large. Some surgeons with great zeal echoed the teaching and followed the practice. The great mass of surgeons hesitated to adopt such a radical procedure and began a more critical study of the inflammations commencing in the veriform appendix. Physicians, too, added the results of their experience in the medical treatment of appendicitis. In addition to the reasons already mentioned, viz., freedom from danger in an early operation and our inability to classify the type of disease at its incipiency, it was insisted upon that those patients recovering under medical treatment from a first attack are almost sure to have another, or several others, and that the final mortality from appendicitis in a given series of cases treated medically would reach from 80 to 90 per cent. It is such exaggerated statements that are causing a reaction in favor of the medical treatment of appendicitis.

When one of the foremost physicians of this country, a noted teacher, author and hospital physician, makes the statement that nineteen out of twenty cases of appendicitis will get well without an operation, he is mistaken. He is biased in favor of the medicinal as against the surgical treatment of appendicitis, because

Read before the Custer County, Neb., Medical Society, November 15 1897.

in his home city there are surgeons who vie with one another as to the number of hundreds of victims they cut for "appendicitis." There can be no question, however, that perhaps 50 per cent of all sufferers from appendicitis in its various forms not subjected to operation will live to die of something else. Of the remaining 50 per cent ninety out of every hundred ought to recover after surgical treatment. Ten die in spite of either it or medical treatment.

Many practitioners of my own acquaintance throughout Iowa and Nebraska tell me of their experience with appendicitis. Some say that they rarely see the fulminating type. Cases of circumscribed abscess are met with, but in most of these cases surgical treatment is uncalled for. A few physicians, whose diagnostic skill has often been put to the test and found equal to the best, have never seen a death following the medicinal treatment of appendicitis — an unusual experience. I wish to put myself on record as having recently met such a man under circumstances which were very pleasing. This gentleman had brought his wife to me for surgical treatment; not for appendicitis, however. In the course of conversation upon medical matters in general he stated that among a goodly number of cases of appendicitis occurring in his practice he had never met with one requiring operation. During the few days of his sojourn in Omaha I was able to show him two cases of appendicitis, he corroborating my diagnosis in both. One was of the fulminating variety, the other of a less acute but dangerous form. The doctor, who witnessed both operations, admitted that these cases were hopeless without operation, and expressed his surprise at the conditions found.

Sooner or later this physician will come across cases in his practice demanding operation, and I believe he will recognize them. The physicians of Omaha who do the bulk of the business in that community of one hundred and sixty thousand people, are of one accord in stating that many cases of appendicitis are observed which recover under medical treatment. In an unknown percentage of these, recurrences take place from time to time, occasionally terminating fatally in a very rapid manner. About 25 per cent of all cases seen develop an abscess, which at some time in its history is circumscribed and amenable to the usual surgical treatment. A few of the recurring or relapsing

cases require operation because of chronic invalidism. A very small percentage of all cases are of the fulminating type, and die with or without operation, an occasional life being saved by operation.

In our ability to differentiate the types of appendicitis must hinge the treatment, medical or surgical. Between surgeons and general practitioners who may not consider themselves skillful operators in this serious malady the most cordial understanding should exist. The general public is becoming so educated in matters medical that it is uncommon for people to suffer for any considerable length of time with appendicitis without calling in a physician. For this reason there should be no friction between the physician and the surgeon. Both should recognize their mutual interests in the welfare of the sufferer. The physician must have confidence in his ability to determine as far as possible the variety of appendicitis. He should decide at the onset of an attack whether or no the individual case promises to be amenable to purely medical treatment. He ought to bear in mind and make arrangements for surgical interference in every case. By this concession upon his part valuable time is saved if the case becomes surgical. No dignity is sacrificed and a duty towards his patient has been fulfilled. It is unnecessary for a physician to call in a surgeon every time after making a diagnosis of appendicitis. Most experienced physicians are better judges than the average surgeon as to the gravity of a given case. Physicians see the majority of all cases before the surgeon is even thought of, they make the diagnosis and initiate the treatment, and it is upon the advice of the physician that the surgeon is usually consulted. Therefore, any attempt to belittle the judgment of the physician is a serious blunder. When surgeons concede that physicians know more about medical appendicitis than they ; that their presence at the bedside is not necessary to determine the gravity of an attack, then we will have a better understanding. The physician will welcome and seek the counsel of his surgical colleague in his bad or doubtful cases, and a study of these types together will increase the knowledge of both. Human nature is the same in all avocations in life. No one submits with grace to have his occupation usurped, and as a class doctors are no more

sensitive than other people. For my own part, I feel confident that if an operation could be performed by surgeons skilled and experienced in abdominal surgery soon after the beginning of every case of appendicitis, the death rate would be very small. An occasional life would be unnecessarily sacrificed, however. Such practice is impossible outside of hospitals. Therefore, we must rely upon a growing experience, shared by both physicians and surgeons, in selecting cases which may safely be guided by medicinal means alone, or those demanding the use of the knife.

There is little to add to what is already common property pertaining to the indications for operation. One vicious form of appendicitis has not seemed to have been pointed out. The attack may, or may not be a primary one; the initial symptoms may or may not be severe. Pain, on pressure over the usual area is not severe. The pulse during the first forty-eight hours is peculiar. It reaches, within twelve to thirty-six hours after the initial symptoms, as high as 120 in adults and 140 to 150 in children; dropping within a few hours to 90 or 100 in the former, and 110 to 115 in the latter.

There is no early tendency to distention of the abdomen without much muscular rigidity. There is no tumor, no general peritonitis. Auscultation determines the activity of the muscular tone of the bowels; this is more limited over the cæcal area. There will be a response to the administration of a cathartic. The temperature is not high. An operation at this time will disclose a gangrenous appendix with few or no protective adhesions. If the golden opportunity is lost, and operation delayed or none performed — it matters not which — a rapid rise in temperature to 104° F., or even higher, with a fast pulse, are positive signs of a virulent intoxication which kills. Death comes in about twenty-four hours after the lull, and the commencement of the progressive symptoms. This form of appendicitis differs in its clinical history from that usually described as fulminating. It is not hard to recognize. From my experience I would say it is most often met with in children. During the past two months, three such cases among children have been seen in my practice, and others, both among children and adults, have been treated in the past.

In all persons who have had more than one attack of appendicitis, whether of mild or more serious nature, it is safer to operate, and that, too, soon after the first attack. Every case should be operated upon when there is reason to believe that an abscess has formed. If the local symptoms lead one to be reasonably sure that the abscess is being well walled off, we should be ever ready, but not too hasty to incise. The drainage of green abscesses is dangerous in this locality, even in the hands of the most skillful. If the local general symptoms point toward a doubtful integrity in the strength of the limited adhesions, operate, however early. It is our duty to operate as soon as possible upon every case of the fulminating variety, and upon all cases complicated by a general peritonitis, unless the sufferer is moribund.

A DRESSING FOR OPEN WOUNDS.

By Van Buren Knott, M. D., Sioux City, Iowa.

ALTHOUGH the material for and the methods of applying surgical dressings have been steadily and constantly improved and are now in a state approaching perfection, I am sure we have all at times regarded the application of dry gauze, or gauze moistened by some mild, aqueous, antiseptic solution, more or less unsatisfactory in the treatment of open and granulating wounds. If applied dry, the gauze sticks to the wound, making its removal difficult and delaying healing by bruising the granulations. Its meshes also become filled with the discharge in that portion of it next to the wound and become hard and caked, losing their absorptive quality, while the outer layers of gauze may be unstained. This seriously impairs the value of the dressing as an absorbent, and, by shutting in offensive discharges, frequently does more harm than good. It also allows at times the formation of a scab, beneath which the discharge may accumulate, with serious results. If gauze moistened with a weak, aqueous, antiseptic solution be applied, it is difficult to keep it moist, and more difficult to find such a solution which

Read before the Iowa State Association of Railway Surgeons.

is antiseptic and non-irritant, and which will stimulate healing and regeneration of tissue. While attempting to devise some method of improving upon the dressing for these wounds, I read an abstract of a paper published by Dr. W. W. Vanarsdale in the *New York Medical Journal*, volume 58, 1893, in which he recommended as a dressing for open wounds a mixture of balsam of Peru and castor oil in the proportion of one-half drachm of the balsam to one ounce of oil. Soon after I commenced to use this dressing in all cases where, for any reason, it was advisable to keep a wound open and where free drainage was required. Its use has been attended in my experience with most gratifying results.

In an able paper published in the *Annals of Surgery* for September, 1897, Dr. A. E. Gallant reviews the use of this dressing in over 20,000 cases treated under the direction of Dr. Vanarsdale at the Good Samaritan and Eastern Dispensaries of New York, and it is with the hope of bringing the subject before some of you who may not have been fortunate enough to have read either of the above mentioned articles that I venture to record my comparatively limited experience in its use. I shall quote freely from Dr. Gallant's paper during my remarks. As stated above, the strength of the mixture, as commonly used, is one-half drachm of the balsam to one ounce of castor oil. This may be modified to suit the requirements of individual cases. Where a stimulant effect is particularly desired the proportion of the balsam may be increased, taking care not to make it strong enough to irritate the skin. It is unnecessary to sterilize the mixture, as it is mildly antiseptic. Fresh and pure castor oil should always be used in its preparation. It should be taken from the original package as it comes from the factory.

"For the application of the dressing a bunch of plain or sterilized absorbent gauze is spread with the balsam oil over an area somewhat larger than the wound to be dressed, the amount varying according to the size of the dressing and the period during which the dressing is to remain in place. The mixture should permeate the first four or six layers of gauze. The gauze is then laid over the opening so that the oil comes in direct contact with the skin, and is then covered by a protective layer of gutta percha

tissue, oil silk, oil muslin or paraffin paper, large enough to cover in all the gauze, and is then secured in place by a bandage."

If it is desired to use any powder upon the wound it may be freely dusted on before the gauze is applied.

I have used this mixture in dressing ulcers of all kinds, including chancroids, first dusting the raw surface with a powder composed of equal parts of aristol and protonuclien special, and then applying the balsam oil mixture. Under this form of treatment I have gotten better results and more quickly than by any other dressing I ever used. Scabbing has been prevented and the regeneration of epithelium has been surprisingly rapid and complete.

In the treatment of a burn this dressing has proven of great value in my hands and invariably maintains a clean wound. It is soothing in its effect and regeneration of tissue take place very rapidly under its use. It much excels the various forms of dressings commonly applied to burns. Gallant reports 2,482 burns in which this dressing was used and says that suppuration was never noticed when this was the primary dressing. This has also been my experience with it.

I have been highly pleased with this dressing for furuncles and phlegmons where its great absorptive qualities were very valuable, and by keeping the cavity dry promoted rapid healing from the bottom.

In abscesses of all kinds I have found the balsam oil dressing to greatly facilitate drainage and a speedy recovery. The cavity should not be packed, for, as Dr. Gallant well says, the irritation of the gauze as a foreign body mechanically increases secretion. A drainage tube is of course used when necessary.

In cases of bone necrosis, where, after curetting and removal of the diseased bone, primary union does not occur and moderate suppuration persists, this dressing hastens complete and satisfactory healing.

In lacerated or punctured and septic wounds, after rendering them as clean as possible by the usual methods, I can recommend this dressing. It keeps them dry and soft, allows no accumulation of the discharge in pockets, and stimulates regeneration of tissue. I have often been agreeably surprised at the rapidity with

which a large, ugly wound attended with much loss of tissue, would heal under this dressing.

In the treatment of bites, after careful sterilization of the wound, I have found the balsam oil dressing very useful, rapid and clean, healing being the rule.

In extensive wounds, involving the loss of a large area of the skin, after making what approximation is possible, the dressing is indicated, as it encourages the formation of epithelium and often renders a subsequent skin grafting unnecessary.

As a primary dressing for circumcision I invariably employ the balsam oil mixture applied on a narrow piece of gauze wraped around the suture line. If, as often happens, the dressing requires frequent changing, owing to being loose or soiled, it does not stick.

Dr. Gallant mentions eighty-nine aseptic surgical wounds in which this dressing was employed with primary union in every case.

I have tried to mention the more common conditions in the treatment of which I have found this dressing of service. Its use, however, is not limited to these, but may be considered indicated in the treatment of any wound where drainage is necessary and where regeneration of tissue is to be encouraged.

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The Passing of Osteopathy.

Osteopathy has proven a delicate plant; it does not stand the rigorous climate of Iowa nor the practical sense of her people. The Missouri line is the northern limit at which it flourishes. An attempt was made a year ago to establish the fad on Iowa soil. With much ado, and a great spread of printer's ink, a sanitarium was opened at Des Moines. For a time the place was crowded. The wonderful cures did not materialize to any noticeable extent, and now the doors are to be closed and osteopathy thrust out into the inclemency of an Iowa winter. We had expected that the followers of the craze would make a stir at the capitol this winter, but they are not likely to do so now.

Osteopathy is not worthy of serious consideration. Yet, last winter aspiring politicians sought to place it on a par with a science which has stood for thousands of years. Mushroom fads and mushroom politicians soon live their day.

The New Medical Law.

There should be but little difficulty in enforcing the present practice act.

We had overlooked one point, to which Dr. Hobby has called our attention. Section 4 states that "any person who shall publicly profess to be a physician shall be held as practicing medicine." Section 5 provides that any person practicing medicine without first procuring a certificate from the State Board of Medical Examiners shall be guilty of a misdemeanor and fined not less than three hundred dollars. So that if anyone is practicing, or advertising publicly to cure or heal, and has not recorded his certificate with the county recorder,

he should be indicted by the grand jury, and there is little chance to escape the penalty. It is not necessary to bring suit or to file complaint, as under the old law. Simply call the attention of the county attorney to the matter, and if he does not attend to it, bring it to the notice of any member of the grand jury. It is its duty to indict, and it is the duty of the county attorney to prosecute, just as he would for any other crime or misdemeanor. If the profession throughout the state will now do its duty to itself, the state will soon be rid of the impostors who have so long infested it.

In our January number we will reproduce the new practice act, together with McClain's annotations to the law.

PHYSICIANS IN THE TWENTY-SEVENTH GENERAL ASSEMBLY.

Six physicians will serve the state in the general assembly which convenes this winter.

The only hold-over member in the senate is Dr. Samuel Druet, of Marion county; Dr. J. R. Gorrell, of Jasper, who was a member of the last senate, was re-elected and will serve in the Twenty-seventh and Twenty-eighth General Assemblies. The only new member in the senate is Dr. J. M. Emmert, of Cass county. In the house Dr. D. H. Bowen, of Allamakee, and Dr. P. L. Prentis, of Ringgold, were re-elected, and Dr. J. R. Boyd, of Shelby, was elected as a new member.

The medical profession of the state is to be congratulated on the able representation it will have in both branches of the legislature this winter.

Joseph Martin Emmert, M. D., of Atlantic, Cass county, Iowa, was born in Washington county, Maryland, June 13, 1846, being the second of a family of nine children.

His early education was secured in the public schools of his native county; later he entered the Cumberland Valley Institute at Mechanicsville, Pennsylvania, and completed his general education in the normal school at Millersville, Pennsylvania.

Immediately after graduation he began the study of medicine with Dr. I. H. Snively, of Waynesboro, Pennsylvania.

He entered the Jefferson Medical College, Philadelphia, from which he took his degree in 1872, and soon after began the practice of his profession at Hamburg, Iowa. In 1874 Dr. Emmert removed to Atlantic, where he has ever since lived.

In 1873 he was married to Miss Ida Washborgh at Chambersburg, Pennsylvania. To Dr. and Mrs. Emmert have been born six children, only one of which has been spared to them, a son Max, now a boy of 14 years.

Professionally Dr. Emmert stands in the front rank of the medical men of Iowa. He is a member of the American Medical Association; Iowa State Medical Society, of which he was president in 1889; Missouri Valley Medical Society, of which he was the second president; Western Gynæcological Association, and Botna Valley Medical Society, of which he was the first president. He has for twenty years been the surgeon for the C., R. I. & P. R'y at Atlantic. He was appointed member of the State Board of Health by Governor Boies in 1892, and is still a member.

Dr. Emmert is a member of many fraternal orders, among which are Pymosa Lodge A. F. & A. M.; Orpha Chapter R. A. M., of Atlantic, and Tangier Temple of the Mystic Shrine at Omaha, Nebraska.

Politically Dr. Emmert is a democrat; was a delegate to the national convention at Chicago in 1884, when Grover Cleveland was first nominated. In 1875, and again in 1876, he was elected city recorder of Atlantic, and in 1882 and 1883 president of the school board.

Financially Dr. Emmert has been very successful, owning a number of blocks and considerable other property in Atlantic.

At the last election the Doctor was nominated on the fusion ticket for state senator for the Cass-Shelby district and elected over a very popular competitor.

The medical profession of the state may well congratulate itself upon having so able an exponent in the senate.

HON. PERCY LUCIUS PRENTIS was born in a log cabin on a farm in Miami county, Indiana, July 28, 1870. In the fall of 1880 he came with his parents in a lumber wagon to Ringgold county, Iowa, locating on a farm near Delphos.

Four years later both his parents died, and Dr. Prentis, then a boy of fourteen, went to Ohio, making his home with an aunt. At Bedford, Ohio, he worked his way through high school, graduating in 1888. The following year he completed a course in Euclid Business College, Cleveland, Ohio. For one year he was stenographer for the W. J. Morgan Lithograph Company.

In 1890 he entered the Cleveland University of Medicine and Surgery, graduating in 1893. After graduation Dr. Prentis returned to Delphos, Iowa, and began the practice of medicine.

In 1895 he was nominated by the Republican party for representative, defeating three competitors at the primary. He was elected by a good vote, running ahead of the ticket. During the campaign of 1895 the Doctor spoke in every precinct in Ringgold county. Dr. Prentis is the youngest Republican member of the house. He was renominated last fall and re-elected to the Twenty-seventh General Assembly.

He was married in the spring of 1894 to Miss Anna Pfeffer, of Cleveland, Ohio. They have one child, Roscoe J. Prentis, born April 1, 1895.

The Doctor is a member of the I. O. O. F. and of the Christian Church.

Hon. D. H. Bowen, M. D., of Waukon, Allamakee county, Iowa, was born on a farm in Green county, Wisconsin, in 1850. His early years were spent on the farm. Later he taught school, and at the age of twenty-two began the study of medicine with Dr. R. Broughton, of Brodhead, Wisconsin. In 1876 he graduated from Rush Medical College. Immediately after graduation he removed to Allamakee county, Iowa, and has practiced medicine there ever since.

Dr. Bowen has always been an active Republican, and has often been honored by election to office by his party. He served

for several years as chairman of the county central committee, as coroner, president of the school board, pension examiner, and mayor. In 1895 Dr. Bowen was elected to the House of Representatives, was chairman of the committee on public health, served on committee of agriculture, claims, county and township organization, hospitals for the insane, public officers, and pharmacy.

As chairman of the committee on public health Dr. Bowen did excellent service for his profession, and much credit is due him for his faithful and efficient service in this direction.

The Doctor married Miss Hettie E. Burns, and has two children, a boy eighteen years of age and a girl of twelve.

THE JOURNAL acknowledges receipt of invitation from the trustees and the faculty of the Bellevue Hospital Medical College to attend the ceremonies at the laying of the corner stone of the new college building on Saturday afternoon, November the 13th, 1897, corner Twenty-sixth street and First avenue, New York. The following is the program: Invocation, the Rev. Roderick Terry, D. D.; laying the corner stone, Lewis A. Sayre, M. D., LL. D., emeritus professor of orthopedic surgery; address by Landon Carter Gray, M. D., representing the alumni; address by the Rev. Roderick Terry, D. D., of the board of trustees; address by John S. Billings, M. D., LL. D., representing the medical profession; benediction.

STATE NEWS.

Dr. Koepstein has removed from Holstein to Aurelia.

Dr. J. T. Coveny, of Pekay, has removed to Eddyville.

Dr. R. H. Todd, of Donelson, has removed to Bloomfield.

Dr. C. C. Birney has removed from Nora Springs to Mason City.

Dr. J. W. Kenney, of Wesley, has sold his practice to Dr. Geo. Walters.

Dr. A. C. Finarty, of Knoxville, is attending the Polyclinic in Chicago.

Dr. R. W. Durkee has removed from Pleasant Prairie to Muscatine City.

Dr. A. E. Derwent has purchased the practice of Dr. A. W. Sherman, of Lamoni.

Dr. C. C. Griffin, of Vinton, has been ill with malarial fever, but is now convalescent.

Dr. O. B. McKinney, of George, lost his wife as a result of typhoid fever on November 11th.

Dr. J. M. Rendleman, of Exira, has gone to Joplin, Mo., to escape the rigors of our Iowa winter.

Dr. A. Kessler, of Carroll, has gone to Chicago to take a special course in surgery and gynæcology.

Bertha E. Penfield, daughter of Dr. W. P. Penfield, of Conrad, was married November 3d to R. B. Steelsmith, of that place.

Dr. T. E. Jones has removed from Abingdon to Burlington.

Rev. Dr. Levi Johnson has removed from Muscatine to California.

Dr. O. J. Ruth has removed from Muscatine to Englewood, Chicago.

Dr. W. S. Stevens, a recent graduate of Ann Arbor, has located at Perry.

Dr. E. B. Beaudry, of Oskaloosa, recently died at his home in that city.

It is reported that the insane asylum at Mount Pleasant is suffering from a water famine.

Dr. and Mrs. W. H. Emmons, of Burr Oak, are mourning the death of their little son, Paul.

Dr. F. C. Mihler, of New London, has sold his trotter, Prima. The horse was shipped to England.

Dr. G. B. Snyder has returned from Rock Valley to Everly and has resumed his former practice there.

Dr. C. L. Stubbs, of La Moille, was recently married to Miss Jessie Bedford, M. D., of Charlotte, Mich.

Dr. Gilmore, of Philadelphia, has located in Ames. He is a graduate of the University of Pennsylvania.

Dr. R. R. Gingles and wife have returned from their wedding trip, and are now comfortably settled in their home in Castana.

Dr. E. E. Fuller, a retired physician of Keokuk, died at his home November 18th at the advanced age of seventy-nine years.

The Antikamnia Chemical Company of St. Louis have just mailed a very neat pocket case to all the physicians of the United States.

Dr. Claud M. Terry, of Brighton, has been appointed by the government as physician to the Indian school at Fort Shaw, Montana.

Dr. D. Ried, formerly of Manson, now of New Hartford, has recently been bereaved by the death of his little son, Freddie, aged seven years.

Dr. W. J. Woodruff, of Foster, has patented a fire screen to be interposed between burning buildings to check the progress of the fire. The screen is built about twenty feet high and sixty feet long and can be easily carried by four or five men.

The Fayette County Medical Association met in Arlington November 9th. A large attendance and excellent meeting is reported.

Dr. Z. T. Holtsclaw, of Larchwood, has been appointed pension examiner for Lyon county. Dr. C. L. Guerney, of Doon, will be an associate on the board.

Dr. G. O. Morgridge, of Muscatine, has been appointed surgeon at the Soldiers' Home at Marshalltown. The trustees have shown good judgment in their selection.

Dr. R. E. Conniff was appointed by the State Board of Health as the Iowa delegate to the American Public Health Association held in Philadelphia October 26th to 29th.

Dr. J. E. Morgan, who has been absent from Oskaloosa for the past six months taking a special course of medicine in London, has returned to his former practice in that city.

Dr. Finarty, of Columbia, is attending the Polyclinic in Chicago. On his return he will form a partnership with his father, of Knoxville, where he will remain permanently.

Dr. J. S. Bigelow, of Dubuque, recently lost his fine driving horse, which died suddenly. A few days later his famous hunting dog was run over by a train of cars and killed.

Dr. Frank G. Murphy, of Mason City, was married on November 3, 1897, to Miss Della V. Lindon, of Clear Lake, Iowa. Dr. and Mrs. Murphy are spending a few weeks in the east.

Dr. Albert M. Barrett, pathologist of the Iowa hospital for the insane at Independence, has accepted a similar position in the Massachusetts state hospital for the insane at Worcester.

Dr. Beauchamp, of Bedford, and Dr. J. P. Standley, of Platteville, have resigned their positions as members of the pension board of Taylor county, as it proved detrimental to their practice.

Dr. N. Jasper Jones, of Shelby, has just been elected coroner of his county, and that by the biggest majority ever given to any officer in the county at any time. The *Harlan Tribune* says: "Dr. N. Jasper Jones is a runner and the high man on the ticket."

The regular meeting of the Polk County Medical Society was held Tuesday evening, November 9th. The following was the program: "Typhoid Fever," by Dr. C. E. Currie; discussion

opened by Dr. J. W. Cokenower; "Amygdalitis," by Dr. A. R. Amos; discussion led by Dr. D. W. Smouse and Dr. M. F. Patterson.

Dr. J. E. Summers, of Omaha, is now in New York, and will also visit Philadelphia, the object of his trip being to see pelvic work by the vaginal route. While absent the Doctor will purchase an X-ray plant.

The State Board of Pharmacy needs some new life in it. It is a farce so far as its examinations are concerned. Boys who have had two months' study in a pharmacy school are able to pass the examinations. In a future number we shall tell all about their methods of "examination" (?).

Dr. Chas. W. De Motte, formerly of Audubon, writes us: "I sold my office at Audubon to Dr. R. F. Childs, class of '97 Omaha Medical. Am pleasantly located here and am delighted with this part of California. I have heard nothing of politics since coming here. Wisely, California has an election only once in two years, and this is the off year."

The Winnebago County Medical Society has been organized and has held its first meeting at Forest City on November 9th. It is an auxiliary to the State Medical Society. The officers are: President, Dr. W. H. Jones, Forest City; vice-president, Dr. C. E. Keeler, Lake Mills; secretary, Dr. Eric Mink, Forest City; treasurer, Dr. G. M. Lee, Thompson.

The Boone Valley Medical Society met November 2, 1897, at Eagle Grove, in Dr. Morse's office. Dr. Morse read a paper on "Pernicious Anæmia," Dr. W. C. McGrath on "Skiagraphy," and Dr. G. W. Field on "Bacteriology." An interesting discussion followed the reading of these papers. Drs. Powers, Pond and Mack were admitted to membership.

The Northwestern Medical Association met at Auburn on October 14th. The following were present: Drs. E. C. Heilman and G. C. Moorehead, of Ida Grove; F. B. Warnock, Battle Creek; A. Kessler, B. C. Kelley and B. H. Stover, of Carroll; P. J. Barry and Forbes, of Auburn; A. C. Norton, Rockwell City, and D. J. Townsend, of Lohrville. Dr. Kelley read a paper on "Corneal Ulcer," Dr. Kessler on "Eye Strain and Results," Dr. Heilman on "A Few Common Every Day Cases."

The following officers were elected: President, G. C. Moorehead; secretary and treasurer, Dr. D. J. Townsend. Next meeting at Ida Grove.

Dr. Henry W. Morgridge, son of Dr. and Mrs. G. O. Morgridge, of Muscatine, died at his parents' home October 25th, of diabetes. Dr. Morgridge was a bright young man, full of promise. He had been associated with his father in practice since 1894, and was a successful physician and a most exemplary man. He leaves a young wife, besides his parents and sisters, to mourn his untimely death.

Dr. W. S. H. Matthews, of Des Moines, had an interesting experience a short time ago. While out picnicking he undertook to boil some bones preparatory to articulating a skeleton. He staked his pot in a pasture, where he was discovered by some farmers, who mistook him for a real grave robber. They accordingly sent for a policeman and the Doctor had considerable trouble in satisfying all parties that he was innocent of resurrecting.

We have received the following from Dr. M. F. Patterson, secretary of the society.:

On Monday evening, November 22d, a number of physicians met at the office of Dr. A. R. Amos and organized a society to be known as "The Des Moines Pathological Society." Officers elected as follows: Dr. M. N. Voldeng, president; Dr. C. E. Currie, vice-president; Dr. M. F. Patterson, secretary; Dr. Sieger, treasurer; Dr. A. R. Amos, curator. The president appointed Drs. Latta, Pearson and Grimes as program committee. The object of this society shall be to foster, advance and disseminate medical knowledge by means of pathological and clinical research. Any person may become a member of this society upon the recommendation of two members, and after having received the total number of votes cast. Meetings are to be held every Monday evening.

The November meeting of the Austin Flint Medical Society was held at Charles City, Iowa, November 16, 1897. The following program was carried out: Address of welcome by Judge P. W. Burr, Charles City; response by Dr. G. W. Lee, Mason City; "Constipation," by Dr. J. A. Finlayson, Armstrong; "Two Cases of Intestinal Obstruction," by Dr. A. R. Brackett,

Charles City ; Paper by E. E. Overfield, Elma ; "The Value of the Ophthalmoscope in General Practice," by Dr. H. Bailey, Charles City ; "Appendicitis," by Dr. C. M. Swale, Mason City ; "The Pan American Congress," by Dr. N. C. Morse, Eldora ; "Hodgkins' Disease," by Dr. W. J. Egloff, Mason City; "Pulmonary Tuberculosis"— report of cases — by Dr. J. D. Horton, Nashua ; "The Early History of the Ligature in Hemorrhoidal Conditions," by Dr. E. A. Ainsworth, West Union ; "The Significance of Degeneration to the General Practitioner," by Dr. Haldor Sneve, St. Paul, Minn.; "Home Treatment of Phthisis," by Dr. J. Niemack, Charles City ; "Osteoclasis vs. Osteotomy," by Dr. James W. Cokenower, Des Moines.

In this connection we acknowledge receipt of the following : "Drs. Brackett, Niemack and Baily cordially invite yourself and lady to dine with them at the Hildreth Hotel, Charles City, November 16, 1897, at 8 o'clock P. M.

Favorable reports come in from the use of Viskolein in the treatment of typhoid fever. Since the decadence of the Woodbridge methods this remedy has been tried and with apparent good results.

For sale cheap, a $5,000 practice in central Iowa. Reason for wanting to sell — desire to take an extended course in special study. Write Doctor, in care of Dr. J. W. Kime, if you mean business.

Dr. Frank G. Murphy, of Mason City, has been appointed oculist and aurist on the pension examining board of his district, which includes a large territory in northern Iowa and southern Minnesota. The position is an important one and Dr. Murphy will fill it with credit to himself.

We take pleasure in calling attention to the advertisement of the Highland Park School of Pharmacy which appears in this issue. This school is one of the most thorough in the country. Its course is practical and instructive. It is the only school of pharmacy in Iowa whose graduates are passed upon by the State Board of Pharmacy without examination.

The McIntosh Battery & Optical Company of Chicago have just issued a handsome and exhaustive catalogue of electrical and optical goods. The book contains many practical articles, on the use of electricity, from the pens of experts in this line. The book

will be sent free of charge to anyone asking for it. It is one of the few free books that is well worth having.

The semi-annual meeting of the Spirit Lake Medical Association will be held December 16, 1897, at Spirit Lake, Iowa, beginning at 9 A. M. Program: "The Doctor at Home," Dr. W. M. Page, Spencer, Iowa; "Syphilis in Country Practice," Dr. R. G. Hamilton, Jr., Ocheyedan, Iowa; "General Practice," Dr. Chas. McAllister, Spencer, Iowa; "Typhoid Fever," Dr. A. Anderson, Estherville, Iowa; "Pulmonary Tuberculosis," Dr. A. E. Burdeck, Graettinger, Iowa. Officers: Dr. E. L. Brownell, president; Dr. E. E. Munger, vice-president; Dr. C. S. Shultz, secretary and treasurer.

Since our last issue the following new subscribers have been added to our list:

A. C. Jacobs, Elmore, Minn.
M. M. Blair, Oskaloosa.
L. M. Evans, Des Moines.
R. T. Fellows, Des Moines.
A. O. Hunter, Des Moines.
Gust. Patek, Des Moines.
J. T. Robbins, Des Moines.
G. N. Ryan, Des Moines.
R. Tripp, Des Moines.
W. F. Stouder, Des Moines.
O. O. Carpenter, Des Moines.
E. D. Wiley, Des Moines.
C. J. Louizeaux, Des Moines.
F. T. Raabe, Davenport.
D. W. Edgar, Fonda.
J. T. Hendershott, Monroe.
B. M. Failor, Newton.
G. A. Heidel, Muscatine.
Geo. H. Mott, West Liberty.
C. B. Kimball, West Liberty.
E. K. Tyler, Muscatine.
C. B. Fulliam, Muscatine.
N. J. Miller, Wilton Junction.
A. E. Wessel, Davenport.
James McCortney, Davenport.
P. W. Connaughton, "
C. M. Robertson, Davenport.
U. G. Grigby, Gilmore City.
J. H. Hull, Washington.
E. M. Singleton, Marshalltown.
C. F. Dietz, Carson.
P. E. Savage, Hornick.
Henry Scott, Paullina.
E. Welty, Norwalk.
H. W. Clasen, Littleport.
B. H. Stover, Carroll.
D. W. Battin, Shell Rock.
T. N. Welsh, Hawkeye.
Charles Patton, Menlo.
James O. Ganoe, Pilot Mound.
Minda A. McClintock, Glenwood.
L. W. Case, Waterloo.
W. L. Kenney, Bridgewater.
M. O. Arnold, Mount Pleasant.
E. I. Bradley, Parkersburg.
W. A. Thompson, Red Oak.
W. E. Costello, Zwingle.
J. L. Shipley, Corydon.
Albert Reynolds, Clinton.
D. M. Finley, Cascade.
William Esser, Peterson.
O. S. Townsend, Ralston.
E. A. Bare, De Soto.
Geo. T. Geise, Danville.
W. W. Bailey, Le Claire.
A. W. Trout, Perry.
C. A. Beiterman, Arcadia.
J. H. Graham, Manilla.
W. S. Stevens, Perry.
E. C. Brown, Madrid.
W. A. Marner, Miles.
C. J. Wilson, Fulton.

J. S. Spangler, Ute.
R. H. McCarl, Creston.
D. W. Jackson, Villisca.
W. E. Ely, Ocheyedan.
F. E. Rudolf, Mapleton.
C. C. Smead, Newton.
T. H. Marsden, Rock Rapids.
W. S. Winkle, Beacon.
F. W. Port, Olin.
W. C. Post, Maquoketa.

CORRESPONDENCE.

Just before going to press we received the following letter from Dr. F. C. Hoyt, of Clarinda, which is worthy of more consideration than we now have time to give it. Coming from the source which it does, and bearing upon questions of such vital interest at the present time, we doubt not that the success of the order will be unquestioned. We bespeak for Dr. Hoyt the earnest consideration of the matter by the profession of the state. In a future issue we shall present more of the outline as detailed in a little circular which the doctor has issued, or the same may be had on application to Dr. Hoyt, at Clarinda.

"CLARINDA, Iowa, November 22, 1897.

"DR. J. W. KIME, Des Moines, Iowa.

"*My Dear Doctor*,—I have for some years past been impressed with the fact that the members of our profession were growing further and further apart from a social and fraternal point of view. The commercial instinct has been fostered and the true and honorable traditions sadly neglected. It has occurred to me that while we cannot hope to wage war against the organized forces of tradesmen and mountebanks who have forced themselves into our ranks, yet can we not by organization do something toward preserving the noble and honorable principles of medicine bequeathed to us by the fathers of our art. I believe that we can, and I further believe that this can be done by the establishment of a secret order in our profession; this order to preserve to this and future generations something of the old doctrines of brotherly love, professional honor and purity of character which were the handmaidens of our medical ancestors. Is this an Utopian dream, or may it not be practicable? To this end, which, you must admit, is most desirable, I have written and arranged the work of a secret order, which is founded upon the traditional and authentic history of our art, and so unites the mythical with the real that it is at once attractive and instructive. The grand truths, which should never have been forgotten, are so forcibly impressed upon the mind of the candidate by the symbolic work

that it can never be effaced. The more practical benefits to be derived from the order are the fraternal and social features, and the bringing together of the good men of the profession in a manner that they may find out what real good men our profession contains. I have designed a very neat button, which is modest and yet distinctive. It is a red Greek cross with two serpents entwined about it, these being in gold on a blue enamel field. The button contains the secret letters of the order and the name of the order as well."

EDITOR IOWA MEDICAL JOURNAL, Des Moines, Iowa:

The doctor who writes from Algona in the October number of THE JOURNAL has my sympathy. As is probably well known, I have never been an enthusiastic believer in the efficacy of medical legislation. Nevertheless, in order to test the value of our practice act, acting in company with a member of the State Board of Health, we together filed an information against an itinerant, who advertised a two weeks' stand in Iowa City, announcing at the same time that he had been an instructor in the Chicago Post Graduate Medical School, with testimonials as to character, etc., from distinguished men, medical and business. He was arrested, given a continuance until his next appointed stand in town, and went his way. When the time came, to my surprise, he was on hand, but, to my greater surprise, he now had a license to practice from the State Board of Medical Examiners, duly signed by my friend who joined with me in filing the information. Of course, nothing further could be done here. If the State Board were imposed upon by the sworn statements under which they granted the license, it would have been in their power to protect their dignity from what might be gently termed deception; for the sworn statement contained the following allegations, which were untrue: First, that the applicant was a citizen of Iowa City; second, that he had attended four courses of lectures in a certain college, each course commencing on September 15th and ending on April 15th, which, in the case of the college referred to, was an impossibility, since during two of the four years no courses of lectures recognized by our State Board were given. I hope Dr. Kern may not meet the same defense in the case he has got started, but he may find before the case comes to trial that the missing certificate has been supplied.

C. M. HOBBY.

Iowa City, Iowa, October 30, 1897.

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LISTERINE is of accurately determined and uniform antiseptic power, and of positive originality.

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For 1897 Announcement and further information apply to

WILLSON O. BRIDGES, M.D.
Secretary,
1623 Douglas St. Omaha, Neb.

The regular meeting of the Polk County Medical Society was held Tuesday evening, December 7, 1897, at Equitable Library Room. Following was the program: "Eclampsia," by Dr. H. G. Emery, of Norwalk; discussion opened by Dr. T. F. Kelleher: "Alexander's Operation," by Dr. E. E. Dorr; discussion opened by Dr. D. F. Monash; "Malignant Tumors," by Dr. E. B. Walston; discussion opened by Dr. W. W. McCarthy.

The annual meeting of the Iowa Central State Medical Society will be held at Marshalltown, Iowa, Tuesday, December 14, 1897, at Pilgrim Hotel. The following is the program: Morning session, 10 A. M. to 12 M.—President's Address, W. S. Devine, M. D., Marshalltown; Business Meeting and Election of Officers; "Spina Bifida," H. C. Willett, M. D., Whitten; "Contagion," Pauline Meyers, M.D., Marshalltown; Paper, D. Graves, M. D., Gilman; "Fad Remedies," H. Janss, M. D., Marshalltown. Afternoon Session, 1:30 P. M.—"Peritoneal Adhesions," Prof. C. E. Ruth, M. D., Keokuk; "Pernicious Vomiting of Pregnancy," G. W. Harris, M. D., Marshalltown; "Formaldehyde," W. P. Hohenschuh, Iowa City; "Three Cases in Practice," C. C. Cottle, M. D., Marshalltown; "A Few Practical Uses of the X-Ray," G. C. Skinner, M. D., Cedar Rapids; "The X-Ray Apparatus, Care and Manipulation," Prof. E. H. Gifford, Penn College, Oskaloosa.

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A HAPPY THOUGHT.

September 25, 1897.

MESSRS. JOHN CARLE & SONS, New York City.

Dear Sirs,—I have recently used the Imperial Granum with very gratifying results, being called in consultation, when death seemed imminent, to see *a child that could retain nothing whatever on its stomach.* I remembered my samples of Imperial Granum and ordered it tried at once, and it *was retained.* The child has not vomited since, the bowels are quiet, and the patient on the road to recovery. I have also recently used the Imperial Granum in a case of typhoid fever with equally satisfactory results. Yours very truly,

———— ————, M. D.

Physicians can obtain samples of this valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Water street, New York City.

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Edited by SARA A. KIME, M. D., Des Moines, Iowa.

PROSPECTUS:

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In a recent letter Sir James Grant, of Ottawa, Canada, late physician to H. R. H. Princess Louise, reports his experience with Taka-Diastase in the following language: "I consider Taka-Diastase a powerful solvent of material which has undergone only partial digestion as a result of defective gastric action. The intense hurry of everyday life is such at the present time that the gastric functions are more than commonly subjected to abnormal influences. Under such circumstances I have closely observed the action of Taka-Diastase and the remarkable manner in which it aids digestion without taxing the system in the slightest degree. I have recommended it in Canada and England with great pleasure and satisfaction, and I predict for it a wide use, owing to the fact that it serves as a remedial agent not previously at the command of the medical profession."

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LACTOPHENIN — ANALGESIC AND ANTIPYRETIC.

Dr. Charles M. Watson, of Florence, Ala., reports briefly in the *Alabama Medical and Surgical Age*, July, 1897, on his successful use of Lactophenin, quoting these cases from practice:

"A lady about fifty years of age was suffering with an attack of dysentery. Her blood was impregnated with bile pigment to such an extent that I feared icterus as a result of complication. Such cases are always troublesome, and I treated this case as I do other cases accompanied with biliousness. For the fever, restlessness, thirst, insomnia and pain I gave eight grains of Lactophenin, and its effect was so satisfactory that I will use the old phrase and say that it acted 'like a charm.' I was greatly pleased with the result obtained from Lactophenin in this case. The next case in which I used Lactophenin was that of a girl ten years of age, who had a temperature of 104 degrees, which was attended with great nervousness. In fact, the nervous symptoms were such that I feared convulsions. I gave her four grains of Lactophenin, which was repeated, when her fever was reduced to normal and she became quiet and comfortable."

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T. J. MAXWELL, M. D., Cor. Sec'y,
KEOKUK IOWA

A Remedy in Nervous Disorders when Characterized by Melancholia. —Mode of Exhibition.—

The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., Editor of *The New York Medical Journal*, which has recently been issued by D. Appleton Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol.

* * * * * *

"As an antipyretic it acts rather more slowly than antipyrine or acetanilide, but efficiently, and it has the advantage of being free, or almost free from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgetic it is characterized by promptness of action and freedom from the disagreeable effects of the narcotics. It has been much used, and with very favorable results in neuralgia, influenza and various nervous disorders characterized by melancholia. The dose of antikamnia is from three to ten grains, and it is most conveniently given in the form of tablets."

We may add, that the best vehicles, in our experience, for the exhibition of antikamnia are Simple Elixir, Adjuvant Elixir or Aromatic Elixir, as also brandy, wine or whiskey. It can also be readily given in cachets or capsules, but preferably tablets, as well as dry on the tongue in powder form, followed by a swallow of water. When dispensed in cachets or capsules it should be put into them dry. Antikamnia tablets should be crushed when very prompt effect is desired and patients should always be so instructed. The conditions of the stomach frequently present unfavorable solvent influences and they can be thus overcome.

—*Notes New Pharm. Products.*

In Pneumonia where there is Restlessness.

℞ Antikamnia (Genuine)..... ʒ ij
Tinct. Digitalis..... ʒ iss
Syrup Doveri..... ʒ iij
Mx. Sig.:—Teaspoonful every 3 to 6 hours.

In Painful Dysmenorrhœa.

℞ Antikamnia (Genuine)..... ʒ j
Brom. Potass..... ʒ ij
Elix. Aurantii..... ʒ ij
Mx. Sig.:—One or two teaspoonfuls every hour in water.—*Dunglison's Clinical Record.*

SANMETTO IN CYSTITIS, PROSTATITIS AND GONORRHŒA, AND IN ALL IRRITABILITY AND INFLAMMATION OF GENITO-URINARY TRACT.

In my practice the administration of Sanmetto has given excellent results. I have found it unequaled in cases of cystitis and prostatitis, and all cases of irritability and inflammation of the genito-urinary tract. In many cases of gonorrhœa I have used it with excellent satisfaction. I am pleased to recommend Sanmetto to the profession as a preparation which has proven invaluable to me in treating the above named conditions.

C. W. SHAVER, M. D.

Jackson, Mich.

Ferratin in Anemic Dyspepsias.

Dr. Elbridge G. Cutler, of Boston, in an excellent paper entitled, "General Remarks on Gastric Dyspepsia," read before the Massachusetts Medical Society, June 8, 1897, and published in the *Boston Medical and Surgical Journal* Sept. 9, 1897, advises the use of Ferratin to increase the hemoglobin. In examining the patient "the relation or dependence of dyspeptic conditions on other local diseases or general disturbances" should be found. The lungs and the urine should be examined; and if diet, control of daily life, etc., do not increase the hemoglobin, then Ferratin should be used to aid the other measures.

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Sanmetto in Cystitis and Prostatic Troubles.

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In Anemia, Chlorosis, Debility, Convalescence, and Impoverished Blood conditions generally, Ferratin will nourish the blood, restore appetite, improve the digestion. It is readily assimilated, does not constipate, does not affect the teeth, has no injurious side-effects. Dose for adults: 8 grains three times daily; children in proportion.

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Prof. Graham Lusk, of Yale University, in his chapter on the Chemistry of the Blood in the new "American Text-Book of Physiology" (W. B. Saunders, 1896), quotes proof of the presence of, and necessity for, Ferratin in the blood.

Prof. R. H. Chittenden, of Yale University, editorially in the *Dietetic and Hygienic Gazette*, October, 1895, endorsed the "Ferratin of Schmiedeberg" as "particularly adapted to supply the needs of the body for an easily assimilable form of iron."

Prof. G. A. Fackler, of Cincinnati, reported his experience with Ferratin in the *Lancet-Clinic* (April 7, 1894), saying: "The physiological and therapeutic importance of Ferratin is based upon the fact that, after absorption, it is immediately available, while other compounds of iron, including the simple albuminates, must first be changed into Ferratin (in the system) in order to become active agents.

Prof. Roberts Bartholow says of Ferratin, in the new (1896) edition of his famous Materia Medica, that it "is an organic preparation, and exists preformed in the liver and other parts of animals. Ferratin is a combination of iron of special utility in that it is prepared for assimilation both primary and secondary. It has the advantage of all other preparations of iron, that they must be converted into this before being absorbed. In anemia, chlorosis, convalescence from acute diseases, chronic, cardiac, and renal diseases with anemia, and in nervous affections, it has been found most effective."

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